

State of Iowa Service Contracting Guide

SERVICES PRE-CONTRACT QUESTIONNAIRE

Prepare and submit this form prior to entering into a Services Contract. If the Contractor is listed on the PCQT Table, enter the control number from IFAS in the space below and wait to submit this form with the first invoice for payment.

1. Department _____

Contact _____ Phone _____ FAX _____

2. Contractor _____

Federal Tax ID or Social Security Number _____

Address: _____

3. Contracted Service/Product _____

4. Contract Period: From _____ To: _____

5. Contract Cost \$ _____ Source of Funds _____ State _____ Fed _____

Accounting Codes

Fund _____ Agency _____ Organization _____ Sub-Organization _____ Object _____

6. ☐ NEW CONTRACT ☐ AMENDED CONTRACT ☐ PREVIOUS CONTRACT Date _____

For Department's Use

(Attach form SS-8 if not contracting with a corporation)

For Revenue and Finance Use

Sole Source? ☐ Yes ☐ No

Employer/Employee Relationship? ☐ Yes ☐ No

Employer/Employee Relationship? ☐ Yes ☐ No

Date Signature

Signature of Department Director or Designee

Generic Contract Number

Typed Name

IFAS/AMTI/PCQT Number

Title

Date